

Volunteer Application New Hampton Community School

Name: _____

Address: _____ Phone: _____

Emergency Contact: _____

What would you most like to do as a volunteer: _____

Why: _____

Have you ever been charged, admitted to, plead no contest to or have been convicted of a felony or misdemeanor (excluding traffic violations): Yes No If yes, please provide date, incident, city(county)/state of charge: _____

Are you listed on a sex offender registry: Yes No

Are you listed on the Department of Human Services' Child Abuse Registry: Yes No

Has any civil or criminal complaint, or any other written complaint, ever been made against you relating to sexual abuse, sexual harassment or physical abuse? Yes No Please Explain:

Have you ever terminated your employment or had your employment terminated for reasons relating to illegal activities or claims of sexual abuse or physical abuse? Yes No Please Explain:

_____ **Your signature indicates your willingness to volunteer at the school. By signing, you agree to adhere to the rules set up by staff, including confidentiality, positive reinforcement and integrity.**

_____ **Signature**

Date